


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # A04218		
1. Entity Name AIBEL BROS. LTD.		

Principal Place of Business 835 BLOOMFIELD AVE CLIFTON, N J 07012	Mailing Address 835 BLOOMFIELD AVE CLIFTON, N J 07012
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent
AIBEL, JON 10598 N.W. SO. RIVER DR. MEDLEY, FL FL 33178

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$30,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	AIBEL, ROY H	CITY-ST-ZIP	
STREET ADDRESS	29-SHOSHONE TRAIL		
CITY-ST-ZIP	WAYNE, N J		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	AIBEL, FREDRIC L.	CITY-ST-ZIP	
STREET ADDRESS	33 UNDERWOOD ROAD		
CITY-ST-ZIP	MONTVILLE, NJ		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	AIBEL, JOHN E.	CITY-ST-ZIP	
STREET ADDRESS	1 RONIA ROAD		
CITY-ST-ZIP	MONTVILLE NJ		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **Roy H. AIBEL GEN. PARTN** **2-19-04** **973-471-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED
04 FEB 25 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

4. FEI Number 22-6228583	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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STAPLE CHECK HERE